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Holly Wandel

Printed name of person mailing correspondence

Holly Wandel

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number

04585/044001

Applicant

Mark Marchionni, Ralph Kelly, Beverly Lorell

Title

METHODS FOR TREATING CONGESTIVE HEART FAILURE

PRIORITY INFORMATION:

This application is a **[**continuation/divisional/continuation-in-part**]** of and claims priority from United States patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**.

This application claims priority from United States provisional patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**.

This application claims priority from prior foreign patent application **[**SERIAL NUMBER**]**, filed **[**FILING DATE**]**, in **[**COUNTRY**]**.

APPLICATION ELEMENTS:

Cover sheet

1 pages

Specification

54 pages

Claims

4 pages

Abstract

1 pages

Drawing

19 pages

Combined Declaration and POA, which is:

- ☒ Unsigned;
- ☐ Newly signed for this application;
- ☐ A copy from prior application **[**SERIAL NUMBER**]** and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.

3 pages

Statement Deleting Inventors

[]** pages

Sequence Statement

[]** pages

Sequence Listing on Paper

[]** pages

Sequence Listing on Diskette

[]** pages

04585/044001

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	[**] pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$760	\$760.00
Excess Claims Fee: $27 - 20 = 7 \times \$18$	\$126.00
Excess Independent Claims Fee: $1 - 3 = 0 \times \$78$	\$0.00
Multiple Dependent Claims Fee: \$260	\$260.00
Total Fees:	\$1,146.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,146.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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